

# Daily Security Report

Client No. 2036			Client Name O H Materials			Location 1002 Oswego ST			Date 5/16/87																																
Facility Equipment 1 ✓	Detax Clock —	Weapon No. —	Holster —	Nightstick —	Raincoat 1 ✓	Flashlight 1 ✓	Other 4 Keys & Log Book																																		
Officer—Day Shift (Name) <i>Kenneth Fulif</i>						Officer—Swing Shift (Name) <i>Robert Dealin</i>			Officer—Grave Shift (Name) <i>Joseph Churcho</i>																																
Shift Began 8 AM PM Ended AM-PM						Shift Began 4 AM-PM ended 12 AM-PM			Shift Began 12 AM-PM Ended 8 AM-PM																																
Observations or actions taken									Yes	No	Explanation																														
Rounds or stations missed										✓																															
Unlocked doors, gates or windows										✓																															
Unlocked vaults or safes										✓																															
Fire-smoke-or hazards										✓																															
1. Extinguishers missing or defective										✓																															
2. Sprinkler system defective										✓																															
3. Fire doors or exits blocked										✓																															
4. Rubbish accumulation										✓																															
5. Motors running										✓																															
6. Lights left burning										✓																															
Injury hazards										✓																															
Visitors										✓																															
Trespassing										✓																															
Violation of company rules										✓																															
Remarks																																									
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																																									
1. Were you injured during this tour?																																									
Day Shift			1.			2.			3.			Swing Shift			1.			2.			3.			Grave Shift			1.			2.			3.								
Yes			No			Yes			No			Yes			No			Yes			No			Yes			No			Yes			No			Yes			No		
2. Did you suffer any illness?			Yes			No			Yes			No			Yes			No			Yes			No			Yes			No			Yes			No					
3. Have you reported all accidents coming to your attention?			Yes			No			Yes			No			Yes			No			Yes			No			Yes			No			Yes			No					
<i>Michael M. Miller cpt</i>			Signatures			1			<i>Kenneth Fulif</i>			Signatures			2			<i>Robert Dealin</i>			Signatures			3			<i>Joseph Churcho</i>			Signatures			4								
11:25 P			Signatures			2						Signatures			3						Signatures			4						Signatures			5								
			Signatures			3						Signatures			4						Signatures			5						Signatures			6								
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